

UTILITY PATENT APPLICATION TRANSMITTAL		<i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	<i>Attorney Docket No.</i>	A-8919	
		<i>First Inventor or Application No.</i>	WASILEWSKI, ET AL.		
		<i>Title</i>	METHOD FOR PARTIALLY ENCRYPTING PROGRAM DATA		
		<i>Express Mail Label No.</i>	VIA HAND DELIVERY		

16018 U.S. PTO
10/602987



APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Mail Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and duplicate for fee processing)</small>		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)			
2. <input checked="" type="checkbox"/> Specification [Total Pages <u>75</u>]		6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(e.g. PTO/SB/17)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 			
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>21</u>]		ACCOMPANYING APPLICATION PARTS			
4. Oath or Declaration [Total Pages <u>3</u>] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) 		7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))			
		8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney			
		9. <input type="checkbox"/> English Translation Document (if applicable)			
		10. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations			
		11. <input type="checkbox"/> Preliminary Amendment			
		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>			
		13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired			
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>			
		15. <input type="checkbox"/> Other:			
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/930,901 <small>Prior application information: Examiner: Safet Metjahić Group Art Unit: 2171</small>					
17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code <div style="text-align: center; margin-top: 10px;"> 05642 </div>			<i>or</i> <input type="checkbox"/> Correspondence address below		
Name					
Address					
City		State	PATENT TRADEMARK OFFICE		Zip Code
Country	Telephone		Fax		

Name (Print/type)	SHELLEY L. COUTURIER		Registration No. (Attorney/Agent)	47,503
Signature			Date	JUNE 25, 2003

Docket No.: A-8919

10334 U.S. PTO
06/25/03

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: WASILEWSKI, ET AL.
DOCKET NO.: A-8919
TITLE: METHOD FOR PARTIALLY ENCRYPTING PROGRAM DATA

JUNE 25, 2003

FEE TRANSMITTAL FORM

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	2	3	0	\$ 84.00	\$000.00
Total Claims	19	20	0	\$ 18.00	\$000.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$750.00	\$750.00
Total Filing Fee					\$750.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

Scientific-Atlanta, Inc.
Intellectual Property Dept. MS 4.3.510
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:


SHELLEY L. COUTURIER
Agent of Record
Reg. No.: 47,503
Phone: (770) 236-2352
Fax No.: (770) 236-4806

Certificate of Hand Delivery

I, Jennifer Lohse, hereby certify that this correspondence is being hand-delivered to the U.S. Patent and Trademark Office on June 25th, 2003.


Signature
Jennifer Lohse
Printed Name